

# APPLICATION FOR ACCREDITATION FEES TO BE PAID THROUGH SDE/CT CHARTS-A-COURSE AFP

This funding is made available by the State Department of Education's Early Childhood Special Education Program through the Accreditation Facilitation Project of Connecticut Charts-A-Course. Eligible programs may receive funding support for the NAEYC accreditation fees, including: enrollment, application, candidacy/on-site visit and annual report. Funding is targeted to schools and community based programs that serve 3, 4 and/or 5 year olds with disabilities or that have a demonstrated history of working collaboratively with the school system relative to serving this population.

**To be eligible for funding, schools and programs applying must serve 3, 4 and/or 5 year olds with disabilities under the IDEA.**

**Please mark the eligibility criterion that applies to your program.**

- ☐ School district programs are eligible if their program consists of no less than a 50-50 ratio of typically developing children to children with disabilities.
- ☐ Community-based early childhood programs are eligible if the program is actively involved in *the identification and delivery* of services to a child or a group of children with disabilities.

## PROGRAM INFORMATION

Public School District:	
Complete Name of Program:	
Program Contact Person:	
Title of Contact Person:	
Address:	
Town:	Zip:
Phone:	Fax: Email:
Program Tax ID Number ( <b>mandatory</b> ):	
Number of Children Enrolled:	Number of children with identified needs currently enrolled:
<b><i>This program is seeking</i></b>	
<input type="checkbox"/> Initial Accreditation	Have you been previously accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Re-Accreditation	NAEYC Program Code ( <b>required</b> ):
	Date of Initial Accreditation:
	Is your program's accreditation current and valid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current NAEYC accreditation expiration date:

Please list below individual programs / classrooms applying for accreditation funding:

	<b><i>Name of School / Center and Location</i></b> <i>(if different than address above)</i>	<b><i>Teacher / Director</i></b>	<b><i># of Children</i></b>
1.			
2.			
3.			
4.			

Please be certain that your application is complete.

Revised 10/08

## FUNDING REQUEST

**Enrollment Fee Requested: \$**

Has your program already paid the funds being requested? ☐ Yes<sup>1</sup> ☐ No<sup>2</sup>

**Application Fee Requested: \$**

Has your program already paid the funds being requested? ☐ Yes<sup>1</sup> ☐ No<sup>2</sup>

**On-site Visit Fee Requested: \$**

Has your program already paid the funds being requested? ☐ Yes<sup>1</sup> ☐ No<sup>2</sup>

**Annual Report Fee Requested: \$**

Reimbursement **ONLY**<sup>1</sup>

(Program must have paid and requested reimbursement for the fee during **current** fiscal year, Oct.1-Sept.30)

<sup>1</sup> **Please note that each reimbursement request must be accompanied by appropriate documentation for each expense item. Acceptable documentation includes cancelled checks (copies of both sides), and/or bank statements. Purchase orders are not accepted as documentation of payment. IF PAYMENT IS TO BE REIMBURSED TO A PROGRAM, A COMPLETED IRS W-9 MUST BE ATTACHED.**  
**Please refer questions to Deb Flis, 800-832-7784 x 3908 or (203) 287-3908.**

Please give the specific legal name & address to be used for reimbursement checks to be sent to your program. This must match your COMPLETED IRS W-9.

Program/Center Legal Name:

Address:

Town:

Zip Code:

<sup>2</sup> **If NO, a voucher will be sent to you for submission to NAEYC. You should mail the voucher to NAEYC with the appropriate paperwork. Voucher requests must be received at least 5 weeks in advance of submission to NAEYC.**

### Eligibility Guidelines

NAEYC Eligibility:

- Center- or school-based program serving children birth through kindergarten;
- Serving a minimum of 10 children;
- In operation at least 1 year prior to submitting materials for candidacy (Step 3 of the NAEYC Accreditation process);
- Regulated by the appropriate licensing/regulatory body;
- Willing to meet each of NAEYC's 10 early childhood program standards.

CT State Department of Education Eligibility:

- All eligible portions of the program must be included in the process. For example: a program that serves infants through kindergarteners must include all age groups in the program self-study and assessment, or the entire preschool component of a single public school setting;
- Developmental and K-1 transition programs are not eligible for this funding (and may jeopardize funding for the kindergarten programs in the same building).

### Office use only

#### Enrollment

Amount: Paid to: ☐ Program  
☐ NAEYC

Voucher #: Date Processed:

#### Application Fee

Amount: Paid to: ☐ Program  
☐ NAEYC

Voucher #: Date Processed:

#### On-site Visit Fee

Amount: Paid to: ☐ Program  
☐ NAEYC

Voucher #: Date Processed:

#### Annual Report

Amount: Paid to: ☐ Program  
☐ NAEYC

Voucher #: Date Processed:

**Please return complete applications to:**

**Accreditation Facilitation Project • 2321 Whitney Ave., Suite 501 • Hamden, CT 06518**

Tel (800) 832-7784 • Fax (203) 287-3915 • E-mail: debflisafp@aol.com

## STATEMENT OF COLLABORATION For Use By Community Based Programs

Please attach a description of the collaborative relationship between the school district and the above named program(s) serving children 3, 4 and/or 5 years old with disabilities under the **IDEA**. The description of collaboration should illustrate how the features of collaboration listed below are implemented. If no children from the target population are currently enrolled, the community based program may describe how it has served this population in the past (*please include dates of service*).

The description of collaboration between the school district and the above named program serving children 3-, 4- and/or 5- years old with disabilities under the **IDEA** should include information on the following features of the collaborative relationship:

parent involvement, confidentiality, outreach efforts to link children and families to needed resources; referral for additional services; child find/screening, evaluation, transportation, transition, and in-service training.

Please indicate (by checking the appropriate box) which type of IEP development and implementation describes the collaboration to support 3-, 4-, and 5-year olds with identified disabilities:

- ☐ IEP's are developed collaboratively between public school staff and community based program staff. The child or children receive itinerant services at the community-based site.
- ☐ IEP's are developed collaboratively between public school staff and community-based program staff. The child or children receive services at the public school site. Community-based program staff are aware of the IEP and provide supplemental services to the IEP
- ☐ IEP's are developed and implemented at the public school site. Community based program staff are aware of the IEP and provide supplemental services to the IEP.

## Application Authorization

I hereby apply for the accreditation fees for the above referenced program, classroom(s) and/or center to be funded by the State Department of Education through the Connecticut Charts-A-Course Accreditation Facilitation Project.

***This document must be signed by an administrator (Superintendent, Director of Preschool Special Education, or Pupil Services) from a public school system.***

Public School District:

Public School System Administrator (*print name*):

Title:

Signature:

Date:

Community-based Program Contact Person (*print name*):

Title:

Signature:

Date: